## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number .

10706669

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			113					RATE	FEE	1	RATE	FEE
FOR			NUMBER	FILED	NUME	NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	OTAL CHARGEA	ABLE CLAIMS	//3mir	nus 20=	. 9	3		XS 9=	·	OR	X\$18=	1674
INC	DEPENDENT CL	LAIMS	7 minus 3 = * 4					X43=		OR	X86=	244
ML	JLTIPLE DEPEN	NDENT CLAIM PF	RESENT					+145=	<del></del>	OR	+290=	2.//
*,lf	the difference	in column 1 is	less than zero, enter "0" in column 2			column 2	· I	TOTAL		OR	TOTAL	2208
	C	LAIMS AS A	MENDEC	MENDED - PART II						J	OTHER	
		(Column 1)		(Column		(Column 3)		SMALL		OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=	·	OR	X86=	
لــا	FIRST PRESENTATION OF MULTIPL		JLTIPLE DEP	DEPENDENT CLA				+145=		OR	+290=	·
•							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)							40011.1			nos	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		=	]	XS 9=		OR	X\$1.8=	·
AME	Independent	*	Minus ·	***	49.4	=		X43=		OR	X86=	
	Flas i Phesei	ENTATION OF MU	ILTIPLE DEP	ENUENT	CLAIM		, [	+1,45=		OR	+290=	
						·	. <b>L</b>	TOTAL ADDIT FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		·(Colum	nn 2) _	(Column 3)						
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	<u>.                                    </u>	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╽├					
• 16	the color in colur	t is loss than th		+145=		OR	+290=					
** If	f the "Highest Num	mn 1 is less than the mber Previously Pai mber Previously Pai	id For" IN THIS	S SPACE is	less than	n 20, enter "20."	А	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		ber Previously Paid					r four	nd in the app	ropriate box	in coli	umn 1.	